Delace of Death  County. Washington  Washington  Willage or City. Washington Co. Hospital  No. Washington Co. Hospital  No. Washington Co. Hospital  Washington Co. Hospital  No. Washington Co. Hospital  No. Washington U.S. If of foreign birth?  It death occurred in a hospital or residence, neve in NVME instead of street and number)  Length of residence in city or town where death occurred.  Washington  (a) Residence: No. Zo Verment St. Williamsport Madard.  Williamsport Madard.  Length of residence in city or town where death occurred.  Washington  (b) Residence: No. Zo Verment St. Williamsport Madard.  Williamsport Madard.  Washington  It nonmident give city or town and State  We washington  It nonmident give city or town and State  We will past of the word of the city of town and State  We will past of the word of the city of town and State  Williamsport Madard.  Williamsport Madard.  Washington  Registration Dist. No. & Zo  Wash  Wash  It death occurred in a hospital or residuation, are in NVME instead of state and number.  Wash  Meand Madard Mada	1		STATE	OF MAR	YLAND-	CERTIFICATE	OF DE	ATH U	1477
Village or City. Washington Co. Hospital.  Laggit of residence in city or town where death occurred.  Vis. Laggit of residence in city or town where death occurred.  Vis	1. PL	ACE OF	DEATH	IN CUEPAR!	TR LIMITE PE				
Village or City. Washington Co. Hospital.  Laggit of residence in city or town where death occurred.  Vis. Laggit of residence in city or town where death occurred.  Vis	C	ounty	Washington	n	They	onlow	Registration	Dist. No. 3	02
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2. FULL NAME Stillbirth - Anderson  (a) Residence: No. 20 Verment St. Williamsport Mard.  (Cusualphee of abody Curve Market Stillbirth - Anderson State Williamsport Mard.  PERSONAL AND STATISTICAL PARTICULARS  2. SEX	10	anoth of recid	ence in city or town where	death assured	(1	f death occurred in a hospital or institu	tion, give its NAN	1E instead of street an	d number)
(a) Residence: No. 20 Verment st. Williamsport Mard.    Clusalphee of abode							f foreign birth?	yrs	_mosds
PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEATH									
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, Oralize from the word) SINGLE  5a. If married, widowed, or dwored HUSBAND of (Or) Wife of XXXXXXXXXXX  5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,	(a	a) Residence	e: No. Zo Verme	ent St.	William	sport Mard.	16	;- <del>;</del> ; <del>;-</del>	
3. SEX female white St. S. SNCILE, MARRIED, WIDOWED, OR DIVOKED (wait the word) Single (Month) (Day) (Year)  53. If married, widowed, or divorced to the word of the word was done, as SILK MILL, SAWER, BODKKEFER, etc.  5. Indee profession, or particular the word of the word was done, as SILK MILL, SAWER, BODKKEFER, etc.  5. Indee profession, or particular the word of the word was done, as SILK MILL, SAWER, BODKKEFER, etc.  5. Indee profession, or particular the word of the word was done, as SILK MILL, SAWER, BODKKEFER, etc.  5. Indee profession, or particular the word of the word was done, as SILK MILL, SAWER, BODKKEFER, etc.  5. Indee profession, or particular the word of the word was done, as SILK MILL, SAWER, BODKKEFER, etc.  5. Indeed profession, or particular the word of the profession of the word was done, as SILK MILL, SAWER, BODKKEFER, etc.  5. Indeed profession, or particular the word of the profession of the particular the word of the profession of the particular the word was done occurred on the discussion of the word of the particular the word of	Р	ERSONA	AL AND STATIST			MEDICAL C		The state of the s	
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So. If married, widowed, or divorced HUSBAND (Part of Saxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	fem	ale	white	OR DIVORCE	D (write tha word)				, 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Stillbirth Stillbirth  2. Trade, profession, or particular individual of work done as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAWYER, BODKKEPER, etc. 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business of importance  Other Costributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAT 18. BURIAL, CREMATION, OR REMOVAL Place, Williamsport 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Manner of Injury 19. UNDERTAKER 19. Jeach was due to external causes (VIOL ENCE) fill in also the following: 19. Accident, suicide, or homicide? 19. Date of injury 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Manner of Injury 19. UNDERTAKER 19. Accident, suicide, or homicide? 19. Date of injury 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Where did injury	5a. If mar	ried, widowe		1115			(Month)	(Day)	(Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than Iday, hrs. or min.  8. Trade, profession, or particular SAWYER, BDDKKEFER, etc. SAWYER, BDCKER, and SAWYER, and SAW	(01)	WIFE of	XXXXXXXX	XXX		22. I HEREBY	CERTIF	Y, That I ettende	ed daceased from
TAGE  Years  Months  Days  If LESS than I day, hrs. or. min.  Stillbirth  Stillbirth  Ners as follows:  Name of oparation  Name of op			Ju	1ly 23,	1933	Still	19/10/0		, 19
Stillbirth  S. Trade, profession, or particular or and of work does as SPINKER, SAWYER, BDDKKEPPER, etc.  S. Individe work does, as SPINKER, SAWYER, BDDKKEPPER, etc.  S. Individe work does, as SPINKER, SAWYER, BDDKKEPPER, etc.  S. Individe work does, as SPINKER, SAWYER, BDDKKEPPER, etc.  S. Individe work was done, as SIK MILL, SAW MILL, BARK, etc.  JO. Date deceased last worked at this occupation (month and years)  Spent in fells occupation (month and years)  Jo. Date deceased last worked at this occupation (month and years)  State or country)  Maryland  Mary Davie  Jo. BIRTHPLACE (city or town)  (State or country)  Maryland  Mary Davie  Jo. BIRTHPLACE (city or town)  (State or country)  Maryland  What test confirmed diagnosis? Was there an auropsy?  Was there an auropsy?  Was there an auropsy?  Jo. BIRTHPLACE (city or town)  (State or country)  Was there an auropsy?  Jo. BIRTHPLACE (city or town)  (State or country)  Was there an auropsy?  Jo. BIRTHPLACE (city or town)  (State or country)  Was there an auropsy?  Accident, suicide, or homicide?  Date of injury  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury  Jo. Was disease injury cany way related to occupation of deceased?  If so, specify  If so, specify				l Down	161500 46		5.37		; death is said
8. Frade, profession, or particular kind of work done, as SPINNER, NONE  SAWYER, BDKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and ysar)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Richard Anderson  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Mary Davis  16. BIRTHPLACE (city or town)  (State or country)  Williamsport  Md  17. INFORMANT  Richard Anderson  (Address)  Williamsport  Md  Manner of injury  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury  Name of oparation.  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Date of injury  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury  Namer of injury  Namer of injury  Namer of oparation.  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Date of injury  Never did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury  Nature of injury  Nature of injury  24. Wes disease in injury occuration of deceased?  (Address)  Williamsport  Md  Manner of Injury  Nature of injury  24. Wes disease in injury occuration of deceased?  (Koddress)  Williamsport  Md  Manner of Injury  Nature of injury  24. Wes disease injury occuration of deceased?  Manner of Injury  Nature of injury  24. Wes disease injury occuration of deceased?				Days	1 day,hrs.				
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12. BIRTHPLACE (city or town)   13. NAME   Richard   Anderson     14. BIRTHPLACE (city or town)   (State or country)   Maryland   Name of oparation   Date of     15. MAIDEN NAME   Mary Davis     16. BIRTHPLACE (city or town)   Williamsport   Md     17. INFORMANT   Richard   Anderson     18. BURIAL, CREMADION, OR REMOVAL   Place   Williamsport   Md   Date   July 24   19-33     19. UNDERTAKER   Albert Leaf   (Address)   Williamsport   Md     19. UNDERTAKER   Albert Leaf   (Address)   (Address)   Williamsport   Md     19. UNDERTAKER   Albert Leaf   (Address)	o o	kind of wo SAWYER, E	rk done, as SPINNER, IDDKKEEPER, etc.	none					
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13. NAME   Richard Anderson			ety to		pation	Other Contributory Causes of impo	rtance:		
13. NAME   Richard Anderson	12. BIRTH	IPLACE (city	or town Hagersto	wn Md					
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Richard Anderson (Address) Williamsport Md  18. BURIAL, CREMAION OR REMOVAL Place Williamsport Md  19. UNDERTAKER (Address) Williamsport Md  10. BIRTHPLACE (city or town) Williamsport Md  11. INFORMANT Richard Anderson (Address) Williamsport Md  12. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of injury  Nature of injury  Nature of injury  19. UNDERTAKER (Address) Williamsport Md									
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15. MAIDEN NAME   Mary Davis   16. BIRTHPLACE (city or town)   111   11   11   12   13   14   14   15   16   16   16   16   17   17   17   17	¥ 14. BI	(State or co	ountry) Mar	vland					
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(Address) Williamsport Md  18. BURIAL, CREMAJUN, OR REMOVAL  Place Williamsport Md Date July 24, 1933  19. UNDERTAKER Albert Leaf  (Address) Williamsport Md							(Specify city of	r town, county and Si	tale)
Place Williamsport Md Date July 24-,19-33  19. UNDERTAKER Albert Leaf  (Address) Williamsport Md  The description of deceased?  If so, specify Md  (Address) Secrit Md  (Address) Williamsport Md  The december of Injury Manner of								one, or mir obelo i	LAUC.
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(Address) W11119msport Md If so, specify If so, specify	19. UNDER	19. UNDERTAKER			24. Wes diseasa or injury in any wa	y related to occup	pation of deceased?		
20. FILED. / N 41 1000 herset Signed theory down M. D	(A	ddress)	Williams	port	Md /	- ///	12	***	
I I I I I I I I I I I I I I I I I I I	20. FILED	1/2	11, 10 FG BA	seff 13	owers	(Signed) The	Type	1	M. D.
Registrar. (Address) Winfrort md,		/				(Address)	por	m	1,

17. Mr. A. 10. La

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-9	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		HI SECULE IN THE SECULE	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. L

(If death occurred in a hospital or institution, give its NAME i. stead of street and

number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SSINGLE, C MARRIED. Derry WIDOWED. OR DIVORCED (Write the word (Month)/ .. (Day) 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year that I last saw h salive on 7 AGE If LESS than and that death occurred on the date stated above, at .. I day hrs. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Ducation) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Address) L. OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Z (State or country) 0 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER . 3 TS. .....mos. Where was disease contracted, if not at place of death? Former or usual residence

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

OD 3 LL 0 S CAUS te V 0

(Approved by U. S. Census and American Public Health Association.)

business the fact may be indicated thus; Farmer (restate or upat on at leginning of illness. If retired from gaged in dom tic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner b Cotton mill; (a) Salesman, b) Greery; (a) Foreman, b. Automobile factory. The material additional line is provided for the latter statement; it sary to know Civil fulnes ( Tarious normant, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, ployed, as A -lool, or At home. Care should be taken to report specifically the occupations of persons endefinite salary en at home, who are engaged in the duties of the cr," etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation - Precise statement of ocwork, or household only first line will be sufficient, e. g., Farmer or Planter, especialic in industrial employments, it is neces-Perm alary, may be entered as Housewife, Housewithout more precise specification as Day used only when needed. Compositor, Architect, For persons laborer Laborer-Stationary fireman, etc. (a) the kind of work and also b) the If the occupation has been changed 'not paid Housekeepers who receive a occupations a single word or term on who have no occupation -Coul Locomotive engineer, As examples: (a) mine, etc. Wom-But in many

Statem of Cause of Death—Name, first, the Disease of the primary affection with respect to time of Cause tion, using always the same accepted term of the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros; inal noting ""; Dishtheria avoid use of "Croup"); Typhoia fever never report "Typhoid Pneumonia"; Lobar procedure, Bronchopneumonia "Pneumonia,"

Recommendations on statement of cause of American Medical Association. approved telenus, may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc., "Gropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (c. g., sepsis, corbolic ocid-probably smoide. The n-ture of the injury, accident; Revolver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all stated unless important. use of "Tumor" Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sorcoma, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), name origin; "Cancer" is less definite; avoid by Committee on or intercurrent) affection for malignant neoplasms); Chronic Example: Measles (disease valvular heart etc. The contributory Nomenclature need Meusles; not be discose;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07479
1. PLACE OF DEATH	940
County Washington	Registration Dist No. 362
Village or City 26a 9En Stown	No. 386 Wash St., 3 Ward
Length of residence in city flown where death occurred 7/yrs, mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  48. How long in U.S. If of foreign birth?
2. FULL NAME Thousand 6	Beck
(a) Residence: No. //7 & · Washi	St. 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 27, 1933 (Month) (Day) (Year)
HUSBAND of Olece S. Rect	22. I HEREBY CERTIFY. That I attended deceased from 27, 1933, to July 27, 1933
6. DATE OF BIRTH (month, day, and year)	Clast saw h sin alive on bod on front; 19 ; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at 6. 7 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:  Date of open
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	myria / segus 20 mm,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this recuration (month and	arteriorellerini 1930
10. Date deceased last worked at this occupation (month and 27/23 pent be that year)	
12. BIRTHPLACE (city or town) Har a Entitoribu	Other Contributory Causes of importance:
(State or country)	
13. NAME COLLEGE (city or town) 100/ENTROPE	
14. BIRTHPLACE (city or town) 1609 ENVIRON	Name of operation hove Date of hove
(State of country)	What test confirmed diagnosis? Musclem 14. 30 Was there an au'opsy? 40
15. MAIDEN NAME College New Wars	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT CUCL & Beck (Address)	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 26 Ceff St Stundate 1/29, 19.33	Nature of injury
19. UNDERTAKER ELUSITER / Sous	24. Was disease or injury in any way related to occupation of deceased?
20. FILED J-24 9- 6933 BUILD TO Registrar.	(Signed) W. Howard Coges M. D.  (Address) Loger Mangland.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

07470

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	41.01
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. -WRITE PLAINLY,

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARTLAN	D-CERTIFICATE OF DEATH 11/480
1. PLACE OF DEATH	93:0
County Washington	Registration Dist. No. 36
Village or City Hagentown	No Washington County Hornest 5 Ward
711	(If death occurred in a hor Mal or institution, give its) AME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME abram Biss	lop -
(a) Residence: No. Washin atom	hand Hamilton
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wi	
Male while Unknown	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. A LHEREBY CERTIFY, That I attended deceased from
(or) WIFE 01	July 6, 19.33, to July 11, 19.33
6. DATE OF BIRTH (month, day, and year) Alout 6 8	I last saw h in alive on 11 19.3 3 ; death is said
7. AGE Years Months Days If LESS	
Un known or or or or	mare se follows.
8 Trade profession or particular	Cerebral Hemorrhage 2/6/3
kind of work done, as SPINNER, Unknown	0 7-1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month and	
this occupation (month and spant in this occupation occupation	
0 1/1	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Cround Idan Coc (State or country)	R Clermizocarditis
	- arthroschor
4. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
工	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
my most	(Specify city or town, county and State)
17. INFORMANT (Address) Washington Counts How	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hageistown Md Date July 12 1	3.3. Nature of injury
19. UNDERTAKER Scott 7 Minnich + Sa	24. Was disease or injury in any way related to occupation of deceased? 240
(Address) Hagerstown Md.	/ If so, specify
20. FILED - 2- , 1933 6 Mast Sauce	(Signed) O. H. Bukley M. D.  (Address) Hagen four Knd
	gistrar, 2411 N. Charlet Street, Baltimore, Robesting U. S. No. 1.

CTATE OF MADVI AND CEDTICICATE OF DEATH

DHADA

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	No.		
I STEEL SELECTION			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor OCCUPA 1. PLACE OF DEATH plnous Registration Dist. No occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH BINDING classified. (Dev) 5a. If merried, widowed, or divorced HUSBAND of hum 22. 1 HÆREBY CERTIFY. That I ettended deceased from 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Months If LESS than 1 day.\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and releted causaged importance or\_\_\_\_min. Date of onset 8. Trede, profession, or particuler OCCURATION RESERVED kind of work done, as SPINNER. / SAWYER, BOOKKEEPER, etc. 9. Industry or business in which may plnous work was done, es SILK MILL, SAW MILL, BANK, atc.... 10. Dete deceesed lest worked at 11. Totel time (years) this occupation (month and that instructions occupetion RGIN (State or coup(2 FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation (State or count carefully Whet test confirmed diegnosis? Was there en autopsy?\_ pl MOTHER important. 15. MAIDEN NAME 23. If death wes dua to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Dete of injury\_\_\_\_ Where did injury occur?\_. (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should Very OF WRITE Manner of injury NOIL Nature of injury (Addrass) If so, spacify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m

should state

(83)
Registration Dist. No. 3.0.1
No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U.S. if of foreign birth?yrsmosds.
St., Ward.  If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH July. 29, 1933
(Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased from
, 19 , to , , 19 , , 19 , , 19 , , 19 , , 19 , , 19 , ; death is said
to have occurred on the date stated above, et
were as follows:  Accidental Drowning while  bathing in Potomac River  Other Contributory Causes of importance:
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.  Manner of injury Nature of injury
24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)

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1-54-00-1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	Deji Jago
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

should state of OCCUPA-

Exact statement

classified.

properly

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLAINLY,

## 07483 STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	119
County paskington	Registration Dist No. 1.302
Village or City ( ) Sharp Comments	Nolfachurglor O. Virolst. 3 Ward
	death-occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Very on Engine le	linb.
(a) Residence: No. Williamshort (Usualphace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, Write the word)	21. DATE OF DEATH Luly 25 , 193 3
5a. If married, widowed, or divorced	(Oay) (Year)
HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, That I attended deceased from
13/16/20	July 23, 1933, to July 25, 1935
6. DATE OF BIRTH (month, day, and year) Larry 132	Hast saw h alive on July 2.4, 19.33; death is sald
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
One 3 25 1 dey, nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were estationary
8. Trade, profession, or particular kind of work done, as SPINNER.	A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which	(mitero califii 7.22-39
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	
O late deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or Jown) Doccrisolle	Other Contributory Causes of importance:
(State or county)	<b>/</b>
13, NAME John & Cline	
13. NAME TO LUCE City or town). Downsoille	Name of operation Date of
Estate or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Murrie Hatel	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME // LUNIUR / Faller  16. BIRTHPLACE (city or town) hear Boofishore)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT John S. Thure	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Williamshort Med	
18. BURIAL, EXEMAPION, OR REMOVALO	Manuer of injury
Plate // Date //2/192	Nature of injury
19. UNDERTAKER Soldenan in A	24. Was disease or injury in any way related to occupation of deceased?
(Address) Jeeolypolley Mid.	If so, specify
20 EUED 7/26/ 103 3 Charter Sowen	(Signer M. O.
20. FILEO Registrar.	(Address I frank
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitas 3 days ago TAKE OF THE Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
	OFTE	A CAL	T CHET THE	DITTINITION	17 1	T ALL DICITION

ARGIN	-WRITE PLAINLY, WITH UNFADIN	7	CAUSE OF DEATH in plain terms, so
豆	A	mation should be carefully supplied.	10
2	E	lie	E
1	Z	op	P.
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S

LION

16. BIRTHPLACE (city or town)

(Stata or country)

17. INFORMANT Mrs. Pearl

18. BURIAL, CREMATION, OR REMOVAL

(Address) Hagerstown

19. UNDERTAKER

Placa Hagerstown Md. Date July. 18 193

Fred W. Kraiss.

----- Was there an au'opsy?\_

(Year)

Date of onset

Accident, suicide, or homicide?. Data of injury\_ Whera did injury occur?. (Specify city or town, county and State)

Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Address)

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
27777			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	and the sales		Registration Dist. No. 30	50
Village or City Antietam			No.  St.,  death occurred in a hospital or institution, give its NAME instead of street and  ds. How long in U.S. if of foreign birth?	Ward
2. FULL NAME ESSIE V		Crampton		
PERSONAL AND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH  July 22, 1933	., 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			Past HERENY CERTIFY, That I attended	deceased fro
6. DATE OF BIRTH (month, day, and year) Ap. 7. AGE Years Months 1 2	ril 30.  Days 22	1932 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at2m,  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	occup	tin this pation	Other Contributory Causes of importance	7/22/3
(State or country)  13. NAME Jennings Bry  14. BIRTHPLACE (city or town) Antice	land en Gramp		Name of operation Date of	
O   16. BIRTHPLACE (City of town)	etem Fur		What test confirmed diagnosis? Was there and 23. If death was due to external causes (VIOLENCE Aull in also the following Accident, suicide, or homicide) August Date of injury Where did injury poors?	
17. INFORMANT J. Bryan Crain (Address) Sharpsburg	npton	'.D.	Where did injury occur? (Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OF REMOVAL Place SherpSburg Md.	Date_July	25183.	Manner of injury Local Manner of injury Comments of Indian	w.
Albert Leaf  19. UNDERTAKER WilliamSport Md  (Address)		24. Was disease or injury in any way related to occupation of deceased?  If so, specify	N	
20. FILED Jug 2, 19.37	Elmer,	S. Boyer	(Signed) National States (Address)	min.

V. S. No. 1

Fract statement of OCCUPA-

stated EXACTLY. properly classified. E

WITH UNFADING INK—THIS IS A

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.-WRITE PLAINLY,

FOR BINDING

PERMANENT RECORD. Every item of infor-

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURMAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	. 07486
County Machington Country Ho	spital Registration Dist. No. 502
Village or City Faglislaur	No. St., 3 Ward
THE CONTRACT OF CONTRACT THE PROPERTY OF STREET ASSOCIATION ASSOCI	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Charlie Davis	
4	Ct Ward
(a) Residence No. County sual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the NOT KNOWN)	21. DATE OF DEATH  (Mogrh)  (Dey)  (Year)
5a. If married, widowed, or divorced HUSBANO of Or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
Wont. 1874	I last saw h alive on 1933 death is sei
6. DATE OF BIRTH (month, day, and year) / U 1  7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 10:30Pm.
abrut 59 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bilstens Brondes-Jumming 3 d.
9. Industry or business in which work was done, as SILK MILL,	V
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Carroll County My	ben- well-al abaca c ?
7 7	after the transfer of the tran
13. NAME Not Mown  14. BIRTHPLACE (city or town) Net Mown  (State or country)	Name of operation
(State of Country)	Whet test confirmed diagnosis?
15. MAIOEN NAME not Known  16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Act Known (State or country)	Accident, suicide, or homicide?
17. INFORMANT Charles Davis (Same) (Address) Carroll Court (over)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dellinia Cemeter Sate Luly 5 19 33	Manner of injury
19. UNDERTAKER Fred Mirabs.	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Lagus laggy Mg	If so, specify
20. FILEO J- 5-, 10 35 PUBLI Hocero	(Address) Hay To und.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

This many	additional space for further statements by Physician at a "hoboes" camp
near Ha	strum on the 20 th cours coren con at a novoes camps
County O	estour on fine 29 - 1933 and removed to westington ospital. All information obtainable from him was his
name an	the oracement that he belongs to Carroll Cont
marylan	* no others at the camp Knew amothing about
him.	luck. Cameron, m.D. County Health ofrier

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Aug 7 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07488
1. PLACE OF DEATH	(34)
County Washingston	Registration Dist. No. 302
Village or City 16 ages town	No. Wash Co Host St. 3 Ward
Length of residence In city or town where death occurred Zoyrs,mos.	death occurred in a horpital or institution, give its NAME in read of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frank & C. Del	Lou dake
(a) Residence: No. 817 Research	St. 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighta word)	21. DATE OF DEATH
male white we down	(Month) (Day) (Year)
5a. Hisrahu widowed, or divorced HISRAND of Ledouse (or Wife of Ledouse)	22. 7 1 HEREBY CERTIFY, That I attended deceased from
war aret Nyferly	7eb 17 1933, 10 July 31, 1933
6. DATE OF BIRTH (month, day, and year) June 24"/FF4	I last saw h / 2 alive on 2 2 3 1 0 , 19 3 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 10 Pm.
49 / 7   1 day,hrs.   ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada profession or particular	areguesal of Ematities Date of onset
SAWYER, BDOKKEEPER, etc. Ret Roll Kirkenan	Sophilitic Heart Disease
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Syphility artits
work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total tima (years)	Corre Regurgitation
D. Date deceased last worked at this occupation (month and year) spent in this occupation (month and year)	
- 1/B: -	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Havangeline (State or country)	Barrie
	1000 Cho Phillimoria
13. NAME PHOLOCO (aty or town) Way west or	
2 14. BIRTHPLACE (City or town) Way red town.	Name of operation
(State of country)	What test confirmad diagnosis?
15. MAIDEN NAME Com J Tuffer  16. BIRTHPLACE (city or town) Way were 15.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Way Creek TV	Accidant, suicide, or homicide? Data of injury, 19
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MYS. Clista Parillast (Address) 8 97 W. Washi W.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It a fest loure Date of 3 , 1933	Nature of injury.
19. UNDERTAKER Conductive & Louis	24. Was disease or injury in any way ralated to occupation of deceased? 200
(Address) Hagen buy und	If sa, specify
20, FILED 8/2/, 1923 6 Marf / Source	(Signed) Multiply M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	24xx N. Charles Street, Baltimore, Requesting V. S. No. x.

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BUREAU V.S.			٠,
Other contributory causes of importance:		Other contributory causes of importance:	
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BINDING

FOR

ARGIN RESERVED

V. S. No. 1

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(Year)

Date of onset

That I attended deceased from

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Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

of OCCUPA-

7. AGE Yeers Months Jays If LESS than to heve occurred on the date stated above, at	
Length of rasidence in city or lown where deeth occurred 41/yrs, mos. ds. How long in U. S. if of foreign birth? yrs, mos.  2. FULL NAME Mable Starturar Jerdt  (a) Residence: No. Man Hage Starturar Jerdt  (b) Residence: No. Man Hage Starturar Jerdt  (c) Residence: No. Man Hage Starturar Jerdt  (d) Residence: No. Man Hage Starturar Jerdt  (e) PERSONAL AND STATISTICAL PARTICULARS  3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  (f) HER E BY CERTIFY, That I attended de HUSBANO of (or) WIFE of  22. I HEREBY CERTIFY, That I attended de July 13/3 (or) 1 (word)  23. Trade, profession, or particular kind of work done, as SILK MILL, SAW MILL, BANK of work was done, as SILK MILL, S	2_
Length of rasidence in city or Yown where deeth occurred. Tyrs	Ware
(a) Residence: No. War Hay and Startsman St., Ward.  (Usuablace of abode)  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR RACE  A COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED OR DIVORCED write the word)  Soa. If married, widowed, or divorced HUSBANO or (or) WIFE of  DATE OF BIRTH (month, day, and yeer)  AGE  Yeers  Months  AND  AGE  Yeers  Months  And  AND  AND  AND  AND  AND  AND  AND  AN	iber)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and yeer)  7. AGE  Yeers  Months  1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.  9. industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased lest worked et this occupetion (month end year)  11. Total time (years) spent in this occupetion (month end year)  12. DATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  13. THE REBY CERTIFY, That J attended de deceased lest work at deceased lest work at the sex occuperion of the date stated ebove, at mere as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:  10. Oate deceased lest worked et this occupetion (month end year)  11. Total time (years) spent in this occupetion (month end year)	
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4. COLOR OR RACE  Turbite  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  6. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and yeer)  7. AGE  Yeers  Months  Mon	ile
Sa. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and yeer)  7. AGE  Yeers  Months	
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6. DATE OF BIRTH (month, day, and yeer)  7. AGE  Yeers  Months  Jays  If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased lest worked et this occupetion (month end year)  Selection of the date stated ebove, at m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:  New MILL, BANK, etc.  11. Total time (years) spent in this procupetion occupetion occupetion.	
7. AGE Yeers Months Days If LESS than 1 day, hrs. or min.  Solution of work done as SPINNER, SAWYER, BOOKKEPER, etc. SAWYER, etc. SAWYER, BOOKKEPER, etc. SAWYER, etc.	19.33
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEPER, etc.  9. industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased lest worked et this occupetion (month end year)  11. Total time (years) spent in this occupetion occupetion occupetion	leath is said
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year) occupetion de la	ate of onset
year) occupetion de la	3
year) occupetion de la	
year) occupetion de de	
Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Plancock	
(State or country) wash. co. md.	
13. NAME Luther Startaman Deidt	
13. NAME Luther Startanar Deadt  14. BIRTHPLACE (city or town) Cle drafaing Neme of operation Oate of	
(State or country) Whet test confirmed diagnosis? Wes there en euto	psy?
15. MAIOEN NAME — Oreme Cugina Colore 23. If death was due to externel causes (VIOLENCE) fill in elso the following:  16. BIRTHPLACE (city or town) — Dete of injury — Detection of the constant of the c	
16. BIRTHPLACE (city or town) Clears Prince Accident, suicide, or homicide? Dete of injury	_, 19
(Specify city or town, county and State)	
17. INFORMANT / Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE (Address) Hogenstons Md. R. 7.D.	
18. BURIAL, CREMATION, OR REMOVAL  Place Manor Ornatay Octo July 153. 19.33	
Take of injury	
19. UNDERTAKER (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	
7-111- 3-5 Karthan Self (Signed) July Dueller	M D
20. FILEO	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. Y.	14

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Example 1	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

::	1	0	1	I
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every it	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of		manded octobers
RD	IYS	sta		
RECO	7. PH	Exact		
ENT	I'L'	ed.		
AN	A C'	ıssifi		
ERM	EX	r cla	e.	
A P	per	perly	ficat	
IS	stat	pro	certi	-
HIS	be	be	Jo	
	ould	may	back	
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'ADI	ed.	IS, SC	truct	-
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LY,	car	TH	port	
VIV	d be	DEA	ı im	
PL	houl	OF	Ver	-
HEE	on s	SE	N is	
-WR	mati	CAU	TION is very important. See instructions on back of certificate.	
B	1	7	1	1
ż	1	1	1	

			F MAR	YLAND-	CERTIFICATE OF DEATH 07	492
	1. PLACE OF DEA				200	12-
	Hoe. 1	Washingto			Registration Dist. No.	3 2
	Village or City	Maugansv:	ill, Mo		No. Mennoni te Home . St., f death occurred in a hospital or institution, give its NAME instead of street and r	Ward
	Length of residence in c	city or town where de	ath occurred 3		ds. How long in U.S. if of foreign birth?yrsm	
-	2. FULL NAME	Fann	ie Flor	у.	· · · · · · · · · · · · · · · · · · ·	10
200.00	(a) Residence: No	Mennon	ite Hon (Usual place		St., Ward. Classes County	Stale
_	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3.	Female W		5. SINGLE, MAR OR DIVORCE Widov	RIFD, WIDOWED, D (write the word) IEd •	21. DATE OF DEATH  July  (Month)  (Day)	, 193 3 (Year)
5a	. If married, widowed, or div HUSBAND of (or) WIFE of Wido		istian	Flory.	22.   HEREBY CERTIFY, That I attended	
					l last saw h alive on 19	19-
-	DATE OF BIRTH (month, da AGE Years	Months	ept 1. Days	If LESS than	to have occurred on the date stated above, at 4/30 P. M.	; death is said
	71	10	000	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NOI	8. Trade, profession, or p kind of work done SAWYER, BOOKKE	particular , es SPINNER, EPER, etc	Retire		poly mumona	Date of onset
OCCUPATION	9. Industry or business to work was done, as SAW MILL, BANK,	n which Ho	ome wion	k.	,	179
000	AO. Date deceased last wo this occupation (mo year)	onth and	spa	ime (years) nt in this upation	<u>'</u>	3
12	. BIRTHPLACE (city or town (State or country)	Adams	County Penn.	7.	Other Contributory Causes of Importance:	
ER	13. NAME Pete	r Mussell	man.			
FATHER	14. BIRTHPLACE (city or t (State or country)		ams Cou Penn.	inty.	Name of operation Date of	7
ER		lizabeth	Mussel	man.	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or to (State or country)	own) Cumbe	rland (	County.	Accident, suicide, or homicide? Date of injury	
17	. INFORMANT	ristian irfield,		nan.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	e) ACE.
18	BURIAL, CREMATION, OR	REMOVAL		y 5 , <sub>19</sub> 33	Manner of Injury	
19	19. UNDERTAKER Fred W. Kraiss.  (Address) Hagerstewn Md				24. Was disease or injury in eny way related to occupation of deceased?  If so, specify	0,
20	7/3/	19336	losti	Registrar.	(Signed) Yel Hachle (Andress) Hay later	M.D.
Adrian		16 11	anhe are morded		N. C. L. C. D. M.	1

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Example I			Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I PECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hrilis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	AHG 7-1933	July 5,1927	Peritonitis	3 days ago
	SETTING THE VAS			
Other contributory ca	nuses of importance:	- Courted	Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		US OBINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			

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OCCUPA

statement

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Registrar.

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

ESERVE

MARGIN

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 30 2 Ward) (If death occurred im a hospital ir institution, give its NAME instend of street and number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 4 COLOR OR RACE 5 16 DATE OF DEATH 3 SEX OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the doce 6 DATE OF BIRTH (Day) and that death occured on the date stated above, at. IIf LESS than 7 AGE i day hrs. The CAUSE OF DEATH \* was as follows: de. or 45 min.? (a) Irade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from ENT Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  $\overline{\mathbb{Z}}$ 18 LENGTH OF RESIDENCE (For liospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State\_\_\_\_yrs.\_\_\_mos\_ of death. (State or country) Where was disease contracted, if not at place of death? Former or usual residence. DATE OF BURIAL 20 UNDERTAKER 15

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

8. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Mever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of filness of various pursuits can be known. cupition is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Loborer, Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on Farm leborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day w are engaged in the duties of the For persons who have no occupation Cotton mill; (a) Salesman, (b) (b) Automobile factory. The The material The ques-Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); abar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinomu, Sarcoma,, etc., et . . . . . . . (name origin; "Cancer" is less definite; avoid "PJERPERAL seplicaemia," "PUERPERAL perilonilis," ele-"Uruemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart lands," "Old Age," "Shock," " "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory carbolic ocid-probably succide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar/ Chronic interstitial nephritis, or as probably such, if impossible to determine definitely. diseases Whoolning approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as or intercurrent) affection need not be cough; Chronic " "Coma," "Convulsions, ete. The contributory valuatur heart Measles ; disease;

If this certificate is I oked over thoroughly and all que tions answered in defail, it will prevent further correspondence. . . the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requestrat U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH 07496

Registration Dist. No. 30	Z
No.611 no. mulberry St.	Ward
death occurred in a hospital or institution, give its NAME isstead of street and in death of the death occurred in a hospital occurred in a	sds.
Saugh	
St. 4 Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	3
(Month) (Day)	(Yeer)
() 10 300	deceased from , 19.3 ; deeth is seid
to have occurred on the dete stete bove, at 1	
The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:	Date of onset
()	
The Man Donald Man Dalla	70
COM COST	
<b>U</b>	
Other Contributory Causes of Importence;	
Clerte bronchites	673
Name of operation Date of	
Whet test confirmed diegnosis? Was there an e	utopsy?
23. If deeth wes due to externel causes (VIOL ENCE) fill In elso the following	
Accident, suicide, or homicide? Dete of injury	
Where did injury occur?	
(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
Manage of Lating Co.	
Manner of injury	
24. Wes diseese or injury in any way releted to occupation of deceesed?	
If so, specify And The	-1
(Signed) WMM	M. D.
(Address) to trustown Ma	

FOR BINDING

IARGIN RESERVED

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

BINDING

FOR

TARGIN RESERVED

.07497

(860)	
Registration Dist. No. 30	2
554	-
No. 3 T Sul CVM 14 Ye St., wath occurred in a hospital or institution, give its NAME instead of street and n	2 Ward
ds. How long in U.S. if of foreign birth?yrsmo	
Horst	
St., - D Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
1. DATE OF DEATH	2
(Month) (Day)	(Year)
2. I HEREBY CERTIFY, That I attended of	deceasad from
, 19, to	, 19
I last saw h alive on, 19	; death is said
to have occurred on the date stated above, at. ()	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
were as rollows.	Date of onset
Broken Mech	
and and	
Result & Jule	
Other Contributory Causes of importance:	
***************************************	
Name of operation Date of	
What test confirmed diagnosis? Was there an at	itonev?
3. If death was due to external causes (VIOL ENCE) fill in also the following:	
Accident, suicida, or homicide?	
	, 19
Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
Manner of Injury	
Nature of injury	
4. Was diseasa or injury in any way related to occupation of deceased?	
If so, specify	
(Signed) Pakes Duppez Coron	The state of the s
(Address) Languation, Com	- A M. D.
N Charles Street Baltimore Paracture 71 S. N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earcfully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AlG 1 300 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 17492
1. PLACE OF DEATH	The X
County Washington	Registration Dist. No. 302
Village or City Ragaston	No. 5-14 M Muller St If Ward
	death occurred in a hospital or institution, give it NAME instead of street and number)  ds. How long in U.S. If of Ioraign birth?
2. FULL NAME Saa Florence Winh	tuy
(a) Residence: No. 5-14 M. Mushing (Usual place of Abode)	St., H Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Montale  Minuse	21. DATE OF DEATH July 2 , 193.3
Aa. If married, widowad, or divorced HUSBANO of (or) WIFE of	(Month) (Day) (Year)
(or) WIFE of Jum S. Hunthery	22. LA HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 2 1871	I last saw h. A. aliva on Auly 2 19.33; death is said
7. AGE Yaars Months Days II LESS than	to have occurred on the data statad abova, at 215 Pm.
62 2 \ \( \) or \( \) min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma lothovaires 9/2/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this progration would and	Jugocarditis chy 92492
SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and 9 1 2 spent in this occupation coupation	
10	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) (Stata or country)	Caracac ormany 1/1953
13. NAME back Itmuse	
14. BIRTHPLACE (city or town) 13 vonators	Name of operation Sahoratory Date of 9/30/32
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cathurne Wilkman  16. BIRTHPLACE (city or town) Boonshoo  (State or country)	23. Il daath was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Januahno	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT M. M. Lynthbury (Addrass)	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Ragustown Ind Oate 7-5 1933	Nature of injury
19. UNDERTAKER Scott & Minnich Son	24. Was disaase or injury in eny way related to occupation of deceesad?
(Addrass) Lagustonma	If so, specify
20. FILEO	(Address) 13614 Washington of
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Qi Pi	ittifuld

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	L-By-gar	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
## ### ### ###########################			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING RESERVED STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

EY. That I attended deceased from

The PRINCIPAL CAUSE OF DEATH and related causos of importence

23. If death was due to external causes (FIOLENCE) fill in also the following:

Y..... Date of Injury.....

(Specify city or town, county and State)

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- V. 3-			
Other contributory causes of importance:		Other contributory causes of importance:	015,115,
Gallstones	May 1,1923	Gastroenteritis	1 year
2007			

PLACE OF DEATH

20 UNDERTAKER

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registral

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

,	St.: Ward) (If death occurred in a hospital or institution, give its NAME it stead of street and number.)
LARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH JULY 2. J , 1923
	(Month) (Day) (Year)
953.	at 4192 to , 192
(Year)	that I last saw halive on 192
If LESS than I day hrs.	and that death occurred on the date stated above, at
ormin.?	Bemalin - 6 smiths
	(Duration) yrs. mos. ds
gr.	Secondary  (Duration) yrs grace de (Signed) M. D
	*State the l'iscase Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. Stateyrsmosds
DGE	Where was disease contracted, if not at place of dea.h?
dr.	Former or usual residence
1	DATE OF BURIAL

ADDRESS

2

(Approved by U. S. Census and American Public Health Association.)

eupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid. etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of ged in domestic service for wages, as Servant, Cook, etc., first line will be sufficient, e. g., Farmer or Planter, For many occupations a or At Home, and children, not gainfully emyrs. Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaconia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely s; mptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) for malignant neoplasms); Chronic and consequences (e.g., sepsis, Example: Measles (disease valvular hcart disease; etc. The contributory affection need not be Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

Length of residence in city or town where death occurred yrs mos. do: How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. 85 77 205 (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waite the ward)  53. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than to have occurred in a hospital or institution, give its NAME instead of street and number)  (Usual place of abode)  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. HER EBY CERTIFY That I attended daceased from the years of the years which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was a spin which work was d	1. PLACE OF DEATH A	
Village or City Haufeld, Man (If dash occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred yrs mos. dc. How long in U.S. if of foreign birth?  2. FULL NAME  (a) Residence: No. Y.S. H. W.S. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED Councit the ward)  5a. If married, widowed, or divorced HUSBAND of (or) Wife of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day. hrs. or min.  Or min.  8. Trade, profession, or particular  SAWYER, BOOKKEPPER, etc.  Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPPER, etc.  Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPPER, etc.  Industry or business in which work was done, as SILK MILL, Saw MILL, BARK, etc.  Date decased last worked at this occupation (month and spear) speart in this occupation  Other Centributory Causes of importance:  12. BIRTHPLACE (city or town)	County / Pashenglon	Registration Dist. NO 04
Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. S. Fitz S. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (curric the ward)  S. SINGLE, MARRIED, WIDOWED OR DIVORCED (curric the ward)  OR DIVORCED (curric the ward)  6. DATE OF BIRTH (month, day, and year)  AGE  Years  Months  Days  If LESS than I day, hrs. or min.  S. Trade, profession, or particular kind of work doe, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, Spant in this occupation (month and year)  Date deceased last worked at this occupation (month and year)  Date deceased last worked at this occupation (month and year)  Other Cestributery Causes of importance:  12. BIRTHPLACE (city or town)		No. St., Ward
2. FULL NAME  (a) Residence: No. S. Fizos (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the ward)  5a. If married, widowed, or divorced HUSSAND or (or) Wife of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Marths  Days  If LESS than I day. hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEPFR, etc.  SAWER, BOOKKEPFR, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  Date deceased last worked at this occupation (month and year)  Other Centributory Causes of importance:  12. BIRTHPLACE (city or town)  Other Centributory Causes of importance:	V.	
(a) Residence: No. 8.3 Arros (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Financial widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day. hrs. or min.  8. Trade, profession, or particular kind of work dane, as SINNER, SAWYER, BODKREPR, etc.  SAWYER, BODKREPR, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Industry or business in which was done, as SILK MILL, SAW	$\bigcap_{\alpha}$	O t
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (**curite* the word)  5a. If married, widowed, or divorced HUSBAND or (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day, hrs. or ruin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which  Work was done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which  Date deceased last worked at this occupation (month and year)  Other Contributory Causes of importance:  Other Contributory Causes of importance:	4111	needs med
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day. hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Date deceased last worked at this occupation (month and year)  Other Coatributory Causes of importance:  Other Coatributory Causes of importance:		If nonresident give city or town and State
OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1. Date deceased last worked at this occupation (month and year)  1. Total time (years) spent in this occupation (month and year)  Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day, hrs. or moin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAHK, etc.  Date deceased last worked at this occupation (month and year)  Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	OR DIVORCED (write the word)	Tuly 1/ 193 3
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAWK, etc.  Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  OTHER 1933, to 1971, 1933, to 1971	5a. If married, widowed, or divorced	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Month's  Days  If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13		1 1 1 27 33
7. AGE Years Months Days If LESS than I day, hrs. or roin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  Days If LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Other Contributory Causes of importance:	27 1933	Merer &
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW, etc. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  Vernal Laure Date of onset  Other Centributery Causes of importance:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  Date of the contributory Causes of importance:		The PRINCIPAL CAUSE OF DEATH and related causes of importance
year) occupation Other Contributory Causes of importance:	9 Trade profession or particular	Date of onset
year) occupation Other Contributory Causes of importance:	SAWYER, BODKKEEPER, etc.	hemaline but
year) occupation Other Contributory Causes of importance:	Industry or business in which work was done, as SILK MILL,	1
year) occupation Other Contributory Causes of importance:	Date deceased last worked at 11. Total time (years)	
12. BIRTHPLACE (city or town)		
(State)of Gountry)	12. BIRTHPLACE (city or town) (State for country)	Other Contributory Causes of Importance:
13. NAME LAMEN Santens	13. NAME James Jankins	
13. NAME AME Santon  14. BIRTYPLACE (city or town)  14. BIRTYPLACE (city or town)  15. Nama af operation  Data of	14 BIRTMPI ACE (city or town)	Nama af operation Data of
(State or country) What test confirmed diagnosis? Was there an autopsy?	(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Have Mary Limmons 23. If death was due to external causes (VIDLENCE) fill In also the following:	15. MAIDEN NAME Ilora Mary Vinnous	23. If death was due to external causes (VIDLENCE) fill In also the following:
23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?  Otate or complexity  Otate or complexity	6 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?
(State or country) (Specify city or town, country and State)	(State or country) against	
17. INFORMANT Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.  (Address) Throstopica and services of the control of		Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 31 7/48 3 Manner of injury	1 1/4 X 2	Manner of injury
Place 1 20 Place 1 Date Nature of injury	Place Date : 10	Nature of injury
19. UNDERTAKED ames culture 24. Was diseaso or injury in any way related to occupation of deceased?  (Address) If revolution the life so, specify I		A VI
20. FILED 7/28, 1933 ID Jeer Cini (Signad) (Light M. (Address) Have believe M. (Address) Have believe M. (		(Signad) flyon flegler, M. O.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

STATE OF MARYLAND-CERTIFICATE OF DEATH

07501

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of epilepsy	1 week ogo
Chranie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD.

BINDING

RESERVED

IARGIN

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Example I	îi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Married Marrie			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07503
1. PLACE OF DEATH	
County 7 () ashiveton.	91-00
WITHIN AWARD TO THE TOTAL OF THE STATE OF TH	Registration Dist. No. 302
Village or City Haguston	No. 247 - Summit ave .St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
length of recidence in situ or town where death assured 3.0	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Charles E. Kitys	niller
(a) Residence: No. Haquston md.	St., Z Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH?
Male Culite OR DIVORCED (write the word)	July 4 1933
. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of CO	22. MEREBY CERTIFY, That I attended deceased from
Chra C. Kitymiller	July 4 1988 to Jan 4 182
DATE OF BIRTH (month, day, end year) May. 30. 1885	I last saw h live on
AGE Years Months Tays If LESS than	to have occurred on the date stated above, at 7_ P_+ m.
44 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, p:ofession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	bulvulen Hear
9. Industry or business in which	our bulen folder
work was done, as SILK MILL, Dwn Shop	Sweble
10. Date deceased last worked et 11 Total time (v	
this occupation (month end, year)	
1 Tout 1	Other Contributory Causes of Importance:
BIRTHPLACE (city of town) (State or country)	11
6.1 Maria	***************************************
13. NAME Otho Kitzmiller	
14. BIRTHPLACE (city or town) Mouroe	Name of operation Dete of
(State or country) Wash, Co. md.	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Kelecca M. Stoulles	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) . The Lena	Accident, suicide, or homicide?
(State or country) Wash, Co, md.	Where did injury occur?
Man Atlan Wite 10.	(Specify city or town county and Share)
(Address) Hoccistories (md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	M
Place Donabro Date July 7, 1933	Manner of injury
TAM > OD MAR	Nature of injury
UNDERTAKER ( ) TI the Cot than	24. Wes disease or Injury in eny way related to occupation of deceased?
(Addiess) Bounghoo, md.	If so, specify
FILED / - 6- 1933 Chart Travell	(Signed) / Gi Jordon M. D.
Registrar.	(Andress) Hugenlown My

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Evample II

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis EUREAU V	81915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH 97504
1. PLACE OF DEATH	210-702
County Meshington	Registration Dist. No. 362
Village or City Legger Cours	No Cache George Co Joseph St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Trank forest	ner
(a) Residence: No. Adjusted Mays	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the world)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	(Vay) (Tool)
HUSBAND of Cor) WIFE of May	22. HEREBY CERTIFY, That I ettended deceased from
1670	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Aughrebury 810	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, et
551 33   ormin/	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or particular	accidentaldents
kind of work done, as SPINNER, ABOREV SAWYER, BOOKKEEPER, etc.	1 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et  this securation (month and	dur to collision
SAW MILL, BANK, etc.	- 10 - 13
	with an automobile
year)occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Snauklus Co	
(State or country)	
13. NAME John Frank Kueffer	
13. NAME Ohn Frank Puchfur  14. BIRTHPLACE (city or town) Franklen Co	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
# 15. MAIDEN NAME UNICHOUN	23, If deeth was due to external causes (VIOLENCE) fill in also the following:
3	a -law 1/2 22
(State or country)	Accident, suicide, or homicide? Date of injury 19.3.
Est the King Land	Where did injury occur? Specify city of the county and Smale)  Specify whether injury genurred by NDUSTRY, in MOME, or in PUBLIC PLACE.
17. INFORMANT EURS & THEFITAL	Specify whether injury occurred in INDUSTRY, in FOME, or in PUBLIC PLACES
(Address) 60 Prospect 31;	why I lay
18. BURIAL, CREMATION, OR REMOVAL 7-5-3	Manner of injury Attack by an anto
Place Date 19 19	Nature of Injury the elected of the
19. UNDERTAKEN CANNO TESTICEN	24. Was disease or injury in any way related to accupation of deceased?
7/5/123 /2/11 /4/1	(Signed) (Instruct of Just have
20. FILED Registrar.	(Address) Caffrey Corpulary
	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
A, more viants are necess, maures state Registrat,	age a tre Course orices, Danimore, Reguesting or of 170. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 7 1803	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy  1921 Run over by street car  July 5, 1927 Perilonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07506
1. PLACE OF DEATH	82.2
County Washington	Registration Dist. No. 302
Village or City Schelusnillo Dear.	
(If	NOSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs. 1/2 mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah X. Lant	
(a) Residence: No. Whemsmill Sint	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, O'DEDIVORCED (write the word)	21. DATE OF DEATH
Semale white Hidow	(Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFX, That I ettended deceased from
(or) WIFE of Charles M. Zant	May 10 19.23 to En / 10.3
6. DATE OF BIRTH (month, day, and year) Jan 10 1850	I last saw Lee alive on P. L. 1983 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, A. 2. 20 am.
83 5 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER,	4/ 102
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this occupation (month and this occupation).	Garage and arterior
work was done, as SILK MILL, SAW MILL, BANK, etc.	fon gon
10. Date deceased last worked at this occupation (month and year)	Aclerasis 1831
VO 10' /- 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Yuan dulla (State or country)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13. NAME Jacob Gentinger  14. BIRTHPLACE (city or town)	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
I Control Control	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town). Wilsh Run (State or country)	Accident, suicide, or homicide? Date of injury, 19
no Nos H	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT W	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lagerstown Mapate July 3 1933	Nature of injury
1 # 7 Mi - / Jan	4
19. UNDERTAKERO	24. Was disease or injury in any wey related to occupation of deceased?
1-3- 32 ble . Hh	(Signed) M. D. M. D. M. D.
20, FILED , 19 Registrar.	(Address) Distriction of the last of the l
If more blanks are needed address State Register as	2422 N. Charles Street Religions Providence (7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	0.0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Address)

(Address)

19. UNDERTAKER

20. FILED.

18. BURIAL, CREMATION, OR REMOVAL

FOR BINDING

ARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH  County Mash a ferror Village or City Augustus Village or City Augustus Village or City Augustus Village Vil	CERTIFICATE OF DEATH 07507  Registration Dist. No. 30  No. Bush St. 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred yrs. mos.  2. FULL NAME Propagation Level (Usual place of abode)	ds. How long in U.S. if of foreign birth?yrsmosds.  St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) August 3 3  7. AGE Years Months Days If LESS than 1 day,hrs. ormin,	22. I HEREBY CERTIFY, That I attended decessed from  30, 19 3-3, to (19 19 19 19 19 19 19 19 19 19 19 19 19 1
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  year)  11. Total tima (yeers) spent in this occupation.	Premaling buth buy a Dix moult Check
12. BIRTHPLACE (city or town) / Huyanlown (State or country) mie	Other Contributory Causes of Importance:
13. NAME James R Jong  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Deta of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (vila Frage)  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?

Registrar. (Address) // Lyeulowr

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Nature of injury

If so, specify

24. Was disease or Injury in eny way related to occupation of dacaased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OAL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

ARGIN RESERVED

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH 07508

_	(93:0)	
	Registration Dist. No. 30	く
	No. 707 Washington Avenue St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
0\$.	ds. How long in U.S. if of foreign birth?yrsmo	sds.
_		
	St., Ward.	
H	If nonresident give city or town and	State
-	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH July	1057 7
_	(Month) (Day)	1953 (Year)
	22, HEREBY CERTIFY, That I attended	deceased from
_	Month 18, 132 10 July 27,	1933
	I last saw h W alive on July 125, 1933	; death is said
	to have occurred on the date stated above, at 3 : 00 M.	
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
		Date of onset
	Chronic myocordulo	3-18-32
	1	
	Lacompensation	7-7-33
	Other Contributory Causes of importance:	
	Name of operation MANS	
-	What test confirmed diagnosis? Manual Was there an a	
	23. If death was due to external causes (VIOLENCE) fill in also the following	
	Accident, suicide, or homicide?	
-	Where did injury occur?	, 13
	Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE
-		· · · · · · · · · · · · · · · · · · ·
	Manner of Injury	
)	Nature of injury	
	24. Was disease or injury in any way related to occupation of deceased?	0
	If so, specify 200 ,	
,	(Signed) W, Monard Je Ogla	
	(Address) Yoge Glob, Med	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimole, Requesting V. S. No. 1.

Registrar.

If LESS than

1 day, \_\_\_\_hrs or\_\_\_\_min.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIA	N
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I			Example II		
The principal cause of de of importance were as fol	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	SEIVED!	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 7 1933 11	July 5,1927	Peritonitis	3 days ago	
Other contributory cause	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCC should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) statement How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. RECORD Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFM. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE - Years Months Days If LESS than 1 day .....hrs. The PRINCIPAL GAUSE OF DEATH end related causes of Importance or\_\_\_\_\_min. 8. Trade, profession, or particular NO kind of work done, as SPINNER. RESERVED SAWYER, BOOKKEEPER, etc. OCCUPAT Industry or business in which may should work; was done, as SILK MILE. SAW MILL. BANK, etc. 10. Date deceased lest worked at 11. Total time (years) this occupation (month and spent in this occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation plain (State or country) efully MOTHER 15. MAIDEN NAME important 23. If death was due to external cases (VIOLENCE) fill in also the following: in Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town (State or country Where did Injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in LNBUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT plnous 18. BURIAL, CREMATION, OR REMOVAL Manner of injury nation Nature of Injury\_\_\_\_ 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address). If se, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		5 J.	

1. PLACE OF DEATH		92:0
County Washingto	on	Registration Dist. No. 302
Village or City Western Pil  Length of residence in city or town where dea	(1)	S. No. Hagerstown R. F. D. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME George B.		
(a) Residence: No. Western	Pike (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	i. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Narried	21. DATE OF DEATH  July 17  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara 1	IcKape .	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	1 1861	i last saw h alive on 9 seers ago 19 death is said
7. AGE Years Months 72	Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 4:00 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, professiun, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Retired  R. Employee  11. Total time (years) spant in this occupation	Chamic Eulo Carditio Det Sonst. Detalea Frank
12. BIRTHPLACE (city or town) Washing (State or country)	ton County	Other Contributory Causes of importance:
13. NAME George McKane		
13. NAME George McKane 14. Birthplace (city or town) Washin (State or country) Md	gton County	Name of operation
15. MAIDEN NAME Mary Bower	S	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Bower  16. BIRTHPLACE (city or town) Washin (State or country)	gton County	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Clara Mc (Address) Hagerstown,	Kane,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, tn HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Hagerstown, IId.	Date July 19 ,19 33.	Manner of injury
19. UNDERTAKER Fred W. Krai (Address) Hagerstown 20. FILED 7-7, 1933	1/2.	24.11 N. Charles Street, Haltimore, Requestion V. S. The.
If more bla	nks are needed, address State Registrar,	2411 N. Charles Street Halimore, Requestion V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:		
Chronic interstitial ne	***	1910	Attack of epilepsy  Run over by street car	1 week ago	
Cerebral hemorrhage	pro cous	July 5, 1927	Peritonitis	1 week ago	
7	BURKAN V S		* ,		
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(129)
County Washingt	on	Registration Dist. No. 302
Village or City Near_Ha	(1	No. Sharpsburg Pike St., Wa
Length of residence In city or town where	death occurred 20_yrs,mo	sds How long in U.S. if of foreign birth?yrsmos
	e M. McKinsey	
(a) Residence: No. Sharp	sburg Pike (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH  July 4, (Day) (Year)  (Year)
5a. If married, widowed, or divorced HUSBAND of Hiram J.	McKinsey	2. I HEREBY CERTIFY, Upt 1 attended decease of
6. DATE OF BIRTH (month, day, and year)	ct. 5, 1868	Wast saw here alive on 99 Hj , 33 ; death is s
7. AGE Years Months 64 8	Days If LESS than 1 day,hrs.	to have occurred on the date stated zoove, at 10 : 30 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Home Work  11. Total time (years) spent in this occupation	Phone by caditis  By  Clate Cholecypths  Will Peri fruits  Date of one  123.
12. BIRTHPLACE (city or town) Washing (State or country).		
13. NAME Amos Warbel		
14. BIRTHPLACE (city or town)	nington County Md.	Name of operation
15. MAIDEN NAME Caroline	Hoover	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Fred (State or country)	erick County Md.	Accident, suicide, or homicide?
17. INFORMANT Mrs. Cecil I. (Address) Sharpsburg		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR ŘEMOVAL Place Smithburg., Md.		Manner of injury
19. UNDERTAKER Fred W. Kra. (Address) Hagerstown		24. Was disease or injury in any way related to occupation of deceased? O  If so, specify  (Signed)
20. FILED	Remietra	(Address) Hosping town by

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

should state

Exact statement

stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

ARGIN RESERVED FOR BINDING

of OCCUPA-

A PERMANENT RECORD. Every item of infor-

V.S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUPEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

IARGIN RESERVED

V. S. No. 1 N. B.—

STATE OF MARTERIA	CTIVILICATE OF DEVILL 01919
1. PLACE OF DEATH	- IRIO
County Washington	Registration Dist. No. 302
Village or City Hageistown - (back,	Con Haskital so & Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	3 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Daniel Gelster	hichael
(a) Residence: No. Stone Md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Malo  White  Marriad	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Mrs Lettie V. Michael	22. JUHEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) - leman - 23 - 1873	I last saw him aliva on Tul, 21 ,193; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2.4.5.mpm
60 4 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of oneet
kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceasad last worked at this occupation (month and	Chrome replaches 1930
9. Industry or business in which	
work was dona, as SILK MILL, Hanal & Farm Binds	
10. Date dacaasad last worked at this occupation (month and year) - July - 19-1933 11. Total tima (years) spant in this occupation 43.473	Ţ
0 17 70 110	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Year Muliante	annia-
1/14	Fall from 3 caffels on
14. BIRTHPLACE (city or town) hear Mylisville	July 19
14. BIRTHPLACE (city or town) Wear Myliavilla	Name of operation
(State of Country) + red. C. Ma.	What tast confirmed diagnosis? Clos J-npa 4 Was there an autopsy?
15. MAIDEN NAME Lucinda Kontzahn	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lucinda Routsch  16. BIRTHPLACE (city or town). Near Myssielle.	Accident, suicide, or homicide? Date of injury put 19, 19 3 3
(Stata or country) Fred. Co. md.	Whare did injury occur?
17. INFORMANT Mrs Lettie V. michael	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE
(Address) Bourston Ma.	Tell from Scaffold Prov todary
18. BURIAL, CREMATION, OR REMOVAL	Mannar of lajyry
Placa (20 5 12 10 10 10 10 10 10 10 10 10 10 10 10 10	Natura of injury antle (last) Stramed Stock
19. UNDERTAKER TUMD BOND HIS	24. Was disease or injury in any way ralated to occupation of dacaased?
20, FILED 7/2 21 133 / Mass 1 2000 16	(Signad) A Dryller M. D.
Registrar.	(Address) + ogs som mil
If more blanks are meded address State Projection	N Ct du Comp P Li P

STATE OF MADVI AND CEDTIFICATE OF DEATH AMERICA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 Chronic interstitial nephritis Run over by street car 1 week ago 1921 Peritonitis Cercbral hemorrhage July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Registra

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	<u> </u>	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5 , 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:  May 1,1923 Gastroenteritis

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9)
County Washington	Registration Dist. No. 3 6-6
Village or City Sharpsburg Md	No. St.,
74.0_	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in cily or town where death occurred	mosds How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Joan Annette Moore	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
female   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOV OR DIVORCE Corrite the w	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
47.70.705	1933, 10/- 24, 19
6. DATE OF BIRTH (month, day, and year) April 18. 1930 7. AGE Years Months Days If LESS	
Iday	
x 3 4 or	in. Nueve Date of
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Clebro Value 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SAWYER, BOOKKEEPER, etc	from al De housemans
work was done, as SILK MILL, SAW MILL, BANK, etc	Tomeno receive tea
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yaar)  11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) Sharpsburg Md	Other Catributery Causes of importance:
(State or country)	- Perlissi.
E 13. NAME ERT Moore	
14. BIRTHPLACE (city or town) Sharpsburg Md	Nama of operation Data of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Mery Alice Renner	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Mory Alice Renner 16. BIRTHPLACE (city or town) Sharpsburg Md (State or country)	Accidant, suicide, or homicida? Data of injury, 19
Mrs. Earl Moore	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sherpsburg Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sharpsburg Md Date July24 , 1	933. Nature of injury
Albert Leaf	24. Was diseasa printing in any way related to occupation of deceased?
19. UNDERTAKER Williamsport Md	If so, spacify A A A A
20. FILED June 22, 19 33	(Signed) ober the do
Y	egistrar, 2411 N. Charles Street, Baltimore, Requesting P. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
·		N 19 5/	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07517
1. PLACE OF DEATH	<u> </u>
Village or City 77 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	No. 18 Elyabeth St. ZJ Ward
/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	1 4
2. FULL NAME un names Chier	I fred hokes
(a) Residence: No. 18 Elyabell (Usual place of abode)	St., 2 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Pear)
5a. If married, widowed, or divorced	(Monte) / (Day) -(Tear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 0	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) July 7 1733	1 last saw h; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm,
Suce burn ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	2 3 C
SAWYER, BOOKKEEPER, etc.	no well
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(1)
SAW MILL, BANK, etc	
O 30. Date deceased last worked at this occupation (month and spent in this occupation occupation	
1400.1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / July 10 (State or country)	
13. NAME treel Millen hokes	
13. NAME Tree Milen When  14. BIRTHPLACE (city or town) / Jugers www.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME / Cuth richelberger	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Muth Sichelberger  16. BIRTHPLACE (city or town) / Jugen Luwn  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Rult Sichelluger holes (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Thermses Date July 7, 1933	Nature of injury
19. UNDERTAKER Frech It Drokers (Address) Juge win my	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 1-7-, 1939 Elles At Jones	6 (Signed) D. G. Grown M.D.
Registrar.	(Address) / Elecslown My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07518
County Washington Village or City Ha Glistown	Registration Dist. No. 302  No. 112. Villent St. 3 Ward
Length of residence in city or town where death occurred yrs. 7 mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ellen Pearson (a) Residence: No. /// East Baltimore (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH 2 , 193 3 (Year)
HUSBAND OF Osciah Pearson	22.   HEREBY CERTIFY, That I attended deceased from July 14, 19 33, to July 21, 1933
6. DATE OF BIRTH (month, day, and year) Chil 18-18-45 7. AGE Years Months Days If LESS than	I last saw h 21 aliva on 21 , 19 33; death is said to have occurred on the date stated above, at 914 Pm.
87 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
S. Haue, profession, or particular kind of work done, as SPINNER, Pousethurfes SAWYER, BOOKKEEPER, etc	rugocarous cas:
work was done, as SILK MILL, SAW MILL, BANK, etc.	Bronchofnermonia 7/20/33
O 10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) England	Other Contributory Causes of Importance:
(State or country)  2 13. NAME James Roden	acute dilitation heart.
13. NAME James Roden  14. BIRTHPLACE (city or town) Mt. Pleasant  (State or country) Challenge	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME June Paice  16. BIRTHPLACE (city or town) England  (State or country)	23. If death was dua to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Mr. Walter W. Person (Address) 11/E. Baltimore It Hag med	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PROPERTY PLACE. Hams and Place July 24, 19.33	Manner of injury
19. UNDERTAKER Scott TiMennicht Son (Addiess) Hagustown mc	24. Was diseasa or injury in any way related to occupation of deceased?
1/20/0 39 / tacks	La (Signed) A. R. Parker Leel of

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - 1 / '	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THERAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	THE RESERVE
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		1		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	L. I	
Chronic interstitial nephritis	1915	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927		3 days ago	
BURRAU V A	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07522
1. PLACE OF DEATH	(3)
County Washington	Registration Dist. No. 3021
Village or City Rogeration	No. 6.7 Baraduray St., 4 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	death occurred in a norpital of institution, give its IVARVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME annie Radgua	
(a) Residence: No. 4 7 Broadway (Usual place of abode)	St., H Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
6a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of James J. Rodges	22. MI HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov 19 1849	I last sew her alive on July 18 , 19 33; death is said
7. AGE Years Months Days If LESS than 1 dey	lo have occurred on the date stated above, at 1. 2.0 Among P. m.
8 3   8   0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Cerebral apablome July 1
9. Industry or business in which	1 1 1 1
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Ligonin	Other Contributory Causes of importance:
(Slate or country)	Chronic Sulestrat Muphelis
13. NAME William Conk	Judy
14. BIRTHPLACE (city or town) Lynn	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comanda Bake.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) Style (State or country)	Accident, suicide, or homicide? Dale of injury, 19
17. INFORMANT Ms. V. Z. Shields (Address) Laguatum ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMBAL Pa Date ang 2 , 1933	Menner of injury
19. UNDERTAKER Scott 7 Minnichtson (Address), Hogustown md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7/3/ 136 hast Bowers	(Signed) Swee M. Nous M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07523
1. PLACE OF PEATH County Washington	Registration Dist. No. 3//
Village or City Fair Hay	No. St. Ward
20 1 (1	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Fairblay MA. (Vsual place of Abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grite the word)	21. DATE OF DEATH 7 18 , 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 7. 18 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sight 26 = 1893 7. AGE Years Months Days If LESS than	I lest saw h alive on , 19 ; death is said to have occurred on the date stated ebove, at 5 P m.
38 6 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importante wife as follows: That would be Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which	Crawin & Bealf.
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	serve haewonhage
12. BIRTHPLACE (city or town Silamuanton)	Other Contributory Carrector importance: Judge 5
(State or country) Wash Cohrun	Sweenly Hogestown mo
13. NAME Havey Cohran  14. BIRTHPLACE (city or town) Chaplus auton (State or country) Wash Cohran	Name of operation Dete of Was there an autopsy?
16. BIRTHPLACE (city or town) Mean Jorga Ma	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Mean Long Male (State or country) Wash Company	Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?
17. INFORMANT Tany I Rohvar (Address) Lily Human ton ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 7/2/, 1923,	Manner of injury
19. UNDERTAKER CALLES CONTROLLE MA	24. Was disease or injury in eny wey related to occupation of deceased?
20. FILED Willy 20, 1933. At Al Dooce Registrar.	(Signed) Pulah ovelle, M. D. (Address) Red ysolle, ned M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.



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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago 1921 Chronic interstitial nephritis Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago BUDEAL Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

RESERVED

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	7			

A- te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07525
infou stat UPA	1. PLACE OF DEATH	(159)
The Part of the Pa	county hasping low	Registration Dist. No. 303
item of should of OCC	Village or City Run	No. St. Ward
C = 0		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foraign birth?
CORD. Every PHYSICIANS oct statement	2. FULL NAME I maned child 7	Daniel & Socrest
O. E. SIC.	(a) Residence: No.	St. Ward.
RECORD PHYS	(Usual place of abode)	If nonresident give city or town and State
RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
L Y.	3. SEX 1 4. COLOR OF NACE, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
BINDING PERMANE! EXACT y classified te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	224   HEREBY CERTIFY, That I attended dacaased from
	1. la otto 1922	July 8 1 1933 10 1012 810 193
FOR BI IS A PE stated E properly certificate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, at / C.m.
FOR B IS A PF stated F properly ertificate	1 day 3 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 01	8 Trada profession or particular	Prempting Borth Date of one of
ED ED	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this prequation (month and	of ymonts.
RV COULD May back	work was done, as SILK MILL, SAW MILL, BANK, etc.	1.4
E SH SH I	10. Date deceased last worked at this occupation (month and spent in this	7
RES VG I AGE that	year) occupation	Other Contributory Causes of importance
S. DI	12. BIRTHPLACE (city or town) Sty Russ (State or country)	Wall of mother Cogney) Will
MARGJ UNFA supplied n terms, ee instru	13. NAME Daniel S. Secrest	
H U sup	13. NAME Same S. Selres  14. BIRTHPLACE (city or town)	Name of oparation Date of
Eff d	(State of County)	What test confirmed diagnosis? Was there an autopsy?
	I TO TO THE TOTAL THE TOTAL TO THE TOTAL TOT	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
LY, car	16. BIRTHPLACE (city or town)   State or country)	Accident, suicida, or homicide?  Whare did injury occur?  Data of injury # 1/19 3
	17. INFORMANT Series Secrest	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Collanding Of REMOVAL	as House
	Place It Pacely Date like 9 10 1933	Mannar of injury Halling about agent
WRITE  Wation s  CAUSE  TION is	Princete (A) xff.	Natura of injury
B.— B.— C.	19. UNDERTAKER (Myseul Charles) (Addrass) Charles Inc.	24. Was disease or injury in any way related to occupation of deceased?
N.S. N.	20. FILED CLY 8, 19 83 J. W. Myray	(Signed) Partisan P. Parter M. D. C. Address) & Learston Z.
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	H	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PROBAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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	F-Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be proporly classified. Exact etatement of OCCUPATION is very important. See instructions on back of certificate.	
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- 1		07526			
	PLACE OF DEATH	STATE OF MARYLAND			
1	County Washington	CERTIFICATE OF DEATH			
-	0	Registration Dist. No. 303			
	Village or City Clary Spring. (No. 2FULL NAME William Mas	St: Ward)  (If death occurred in a hospitel or institution, give its NAME is stead of street and number.)			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	3 SEX  4 COLOR OR RACE  MARRIED, Married  Widowed OR DIVORCED  (Write the word)  6 DATE OF BIRTH  7893  (Month) (Day) (Year)  7 AGE  If LESS than I day hrs. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER (State or Country)  MARYLAND  MARYLAND  MARYLAND  13 BIRTHPLACE OF MOTHER (State or Country)  MARYLAND  MA	(Month) Le (Dsy) 133 (Yesr)  17 I HEREBY CERTIFY, That I attended the deceased from  192 to 192 to 192 to 192 that I last saw h alive on 192 and that death occurred on the date stated above, at 192 and that death occurred on the date stated above, at 192 for the CAUSE OF DEATH * was as follows:  (Duration) yrs. mos ds.  (Signed) Le (Duration) yrs. mos ds.  (Signed) Le (Contributory Secondary (Address) Of Contributory (Address)			
	(Informant) W. Souher M. (Address) le ausbrung M. M. Filed July 27 1933 M. Mauray.  Registra	16 not at place of deeh?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  3 t. Pauls Centry  20 UNDERTAKER  W. W. Frank  Date OF BURIAL  ADDRESS  ADDRESS  Deveny Md.			
	A DEW	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (retired 6, yrs). For persons who have no occupation state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) (Recommendations on statement of cause of death approved by Committee on (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Enhaustion," "Heart failure, manufacture, 'Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY Never report mere symptoms or terminal condifor malignant neoplasms); Measles; Chronic valvular heart discase; etc. The contributory Nomenclature of the

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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

193

(Year)

death Is said

Data of onset

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT	rs .	BY	PHYSICIAN
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BURBAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County Washing line	CERTIFICATE OF DEATH
Co	Registration Dist. No. 306
Village or City Lulers Luro (No.	St.: Ward) (If death occurred in
Village of City of Cit	tion, give its NAME is -
2FULL NAME GLOS GL L	mulh stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Suly - 5 , 193 3 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(/ / 1)	July -5- 0 33 July -5- 1933
(Month) (Day) (Year)	that I last saw h Allegan Bour , 192,
7 AGE III LESS than	and that death occurred on the date stated above, at
l dayhrs.	The CAUSE OF DEATH * was as follows:
O yrs. O mos. O ds. or min.?	Krolapse of Cord-
8 OCCUPATION	Poly ly dramnion
(a) Trade, profession or particular kind of work	Dreibut - poslerior
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosda,
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Durstion) yrs tros
1 10 NAME OF DO O	15 Mallie HWesler M. D.
FATHER Roy lo Smith	A Sa Comment of the same of th
11 BIRTHPLACE	192 3 (Address) (Jugnesova)
OF FATHER  (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Emma A Seline	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the of death yrs mos. ds. State yrs ds.
(State or Country) (m)	Wil death and sentrated
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deah?
they to shirt	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Roy & Smith	Ring of Ouly 12 1933
	2D UNDERTAKER ADDRESS
Filed July 6 1933 Get 11 Jugustin	E Marie Sandilla
Local Jegistras	Comor My minsung
If more b.anks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

07530

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g-ged in domestic service for wages, as Screent, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. to report specifically the occupations of persons en-Physician, Compositor, Architect, liousemuid, etc. If the occupation has been changed household only (not paid Housekcepers who receive a rist line will be sufficient, e.g., Farmer or Planter, Foremon, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm loborer, (b) Cotton mill; (a) Solesman, without more precise specification as Day (6) For persons who have no occupation Automobile factory. The Laborer--Coal minc, etc. Locomotive (b) Grocery, material engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE (NUSING ÉBATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 0.75	31
1. PLACE OF DEATH	92-00	<i>O</i> 3.
County Washington	Registration Dist. No. 306	5
Village or City Blue Egelfel Sussamb	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
	death occurred in a hospital or institution, give its INAIVIE, instead or street and number of the long in U.S. if of foreign birth?yrs,	
2. FULL NAME HASS, Mary My Sus	the	
	St., Ward.	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	33 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not lawren	22.   I HEREBY CERTIFY, That I ettended decr	
6. DATE OF BIRTH (month, day, and year) Nov 23,1856	Most sew hard elive on hard 2 19 ; de	, 19.2.2 eath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 19:48 m.	
76 7 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or particular	D. D.	ate of onsat
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this spent in this spent in this	Coronary occlusion	7/21/3
9. Industry or business in which work was done, as SILK MILL, Pruste family SAW MILL, BANK, etc.	/	1
SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year) spent in this occupation cocupation		
0.01	Other Contributory Causes of importance:	house
12. BIRTHPLACE (city or town) (State or country)	Otel men on descent	1015
13. NAME TO TO	The said of the sa	1-02-32-
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of	
4. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an auto	neu? (24.4)
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:	pay:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	19
State or country)	Where did Injury occur?	
17. INFORMANT anne J. Watson. (Address) Bl. Ridge Sugart Pe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Gravity Javate July 23, 19 33	Nature of injury	
19. UNDERTAKER Swift to Mickel (Address)	24. Was disease or injury in any way related to occupation of deceased? On	D.,
tulas 22 Hadles	(Signed) the Dans	M. D.
20. FILED Registrar.	(Address) Blue Ridge Summer !	6
If more blanks are needed address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1.	

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or.	1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 17539
infor- state UPA-		1. PLACE OF DEATH	(82.97)
7.5	1	county YYashington	Registration Dist. No. 302
item of should of OCC	/ 8	Village or City Cox Xoss.	NoSt., Ward
	/ 8		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs,mosds
8D. Every rSICIANS statement		2. FULL NAME MYS Flmanda Sp	ickley
D. J		(a) Residence: No. Cearyoss	St., Ward.
OHI		(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
E S	-	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
T R	*	Temule Vy 6: Ye OR DIVORCED (write the word)	July 1. 1933
NG TEN Ted.		5a. If married, widowed, or divorced HUSBAND of	(Yonth) (Day) (Year)
BINDING FEMANEN EXACT		(or) WIFE of The . K.	22.   HEREBY CERTIFY That I attended deceased from
BINJ ERM EX		6. DATE OF BIRTH (month, day, end year) Sent 12-1851	I last saw he Palive on 19 Sath is said
	. =	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 3
FOR IS A Stated proper	tifi	S \ 0 \ 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
FO IS star	rer	O I O I O I O I O I O I O I O I O I O I	were as follows:
D Pe		8. Trade, profession, or particular kind of work done, as SPINNER. Housewife, BOOKKEEPER, etc.	ON OF TO COMPOSE OF OR
RESERVEL G INK—THI GE should be that it may be	back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this accupation (month and	
VK—T should it may	ba	9. Industry or business in which work was done, es SILK MiLL, SAW MILL, BANK, etc.	7.
INI INI S sl	no		
NG I AGE	Suc	year) June 15-1938 occupation 10415	Other Captributary Causes of Importance;
Z	ctio	12. BIRTHPLACE (city or town) + aixyi & w	
RGIN VFADI plied.	instructions	(State or country)	Jeneral Anders Velubry 192
IARG UNFA supplied n terms,	ins	13. NAME TO HOURS	
The super of the s	See	13. NAME 10 Record	Name of operation
ITTH Illy s	-	(State of country)	What test confirmed diagnosis?
WITH efully in plai	nt.	16. BIRTHPLACE (city or town) No Read	23. if death was due to external causes (VIOLENCE) fill in also the following:
1	important	5 16. BIRTHPLACE (city or town) No Record	Accident, suicide, or homicide? Date of injury, 19
INI.	odu	∑ (Stete or country) 14 14	Where did injury occur?
	'E	17 INFORMANT IF I Vey C. Sprickley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E PLA Should OF D	ery	(Address) Hugetts mo	
	is v	18. BURIAT GREMATION, OR REMOVAL WID	Menner of injury
PIT ON ISE	Z	Piecal No and way Date ally 3, 1933	Nature of injury
WRITE mation s CAUSE	TION	19. UNDERTAKER A. K. CUXX man	24. Was disease or injury in any way related to occupation of deceased?
مسر ا في	1	(Address) Hagerstown. m)	if so, specify
wi m.		20, FILED July 250 1933 Serge H. Brewbatter	(Signed) 1. A. (Sea Chluy M. D
> Z	/	1 Selvity Troat Registrar.	(Address) Jaglistown My
M. B.	ach	ly If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
		1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The state of the s				
Harris Mark Street				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	IND—CERTIFICATE OF DEATH 17533
1. PLACE OF DEATH	(210-00)
County Washington	Registration Dist. No. 50 /
Village or City Hagey Stown	No. Wash Co Hospital st. 3 Ward
Length of residence in city or town where death occurredyrs_	(If death occurred in a hospital or institution, give its NAME instead of street and number)  5, mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Luther B. S	weigert
(a) Residence: No. 530 Chest nul (Usual place of abode)	st., Zward.
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W. OR DIVORCED (write	
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
mary s.	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year March 9- 18	9 2 I last saw h alive on 19 death is said
	ESS than to have occurred on the date stated above, at _8m.
4 1 7 1 1	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Injuries reclined from Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	abitomobile accident
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occased last worked at this coccased last worked at 11. Total time (year)	
10. Date deceased last worked at 11. Total time (year	Q
this occupation (month and year) Spent in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) W. M. S. K. W. W. M. (State or country)	
E Darray L. Sweigers	
4. BIRTHPLACE (city or town) 12 TO 7	Name of operation
	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Daisy Mummert  16. BIRTHPLACE (city or town) Up to M	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? In Islandington County & Maryland
17. INFORMANT MYS Luther 13. Sweig	Where did injury occur? In Mashington County & Manyland (Specify city or town, County and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Hagexstown m	I On the Western Pike four miles West of Hogerstown.
18. BURIAL, CREMATION, OR REMOVAL  Place Hagerstown. Date July 18	1933 Manner of injury automobile assistents
Place True q & Y S to Wh. Date J way 18	Nature of injury
19. UNDERTAKER A. J. COXX, MOU	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hayerstown, md	If so, specify
20. FILED 1-19 1933 Olos 110000	(Signed) Jichard & Sweeney acting Carm. D.
	Registrar. (Address) Lagellston Mereflan
If more blanks are needed, address Sta	te Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

infor

of

OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

ARGIN RESERVED

V. S. No. 1 œ.

	STATE C	OF MARY	LAND-	CERTIFICATE OF DEATH 07535
1. PLACE OF	F DEATH			93-6
County	Washington			Registration Dist. No. 30
Village or	Williams	sport Md	(1f	No. 1 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resid	dence in city or town where	death occurred 2		ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NA	WE Sarah J	ane Tayle	r	
(a) Residen	C			St. Ward.
(a) Residelli	te. No	(Usual place of	abode)	If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
female	4. COLOR OR RACE white	5. SINGLE, MARRE		21. DATE OF DEATH  July 24. 1933 (Year)
a. If married, widow HUSBAND of	ed, or divorced	••		
(or) WIFE of	Joseph	Taylor,		22.   HEREBY CERTIFY, Thet   ettended deceased from
			1851	193 to July 24, 1933
	month, day, end year)			l last say h
7. AGE Yea	rs   Months	Days 24	If LESS than 1 day,hrs.	to have occurred on the date state epove, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
			ormin.	were es follows:
8. Trade, profes	sion, or particular ork done, as SPINNER, H BOOKKEEPER, etc.	ousework		Musa pt ( )
SAWYER,	BOOKKEEPER, etcbusiness in which	ot home		My causius ruste sug!
work was	done, as SILK MILL, L, BANK, etc			K
10. Date decease	ed last worked at pation (month and 193	2 11. Total time spent i octupa	(yeers)life	
o Diprimi i or (-)	yortown) Wilso	m Md		Other Contributory Causes of Importance:
(State or cour		MMCA		Corporation Challes and Cult
13. NAME	David Tav	lor		July July
	88.	ryland		Name of operation Date of
14. BIRTHPLACE (State or	(011) 01 10111/	-L		Whet test confirmed diegnosis? Noul Was there en au'opsy?
15. MAIDEN NA	ME Mary An	n Grove		23. If death was due to external causes (VIOLENCE) fill in also the following:
		44		Accident, suicide, or homicide?
16. BIRTHPLACE	(city or town)	ryland		Where did injury occur?
	Irs Thomas			(Specify city or town, county and State)
L7. INFORMANT (Address)	Williamsp			Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAT	-	ul.		Manner of injury
	Pauls Cem.	Date July	27,19.33	Nature of injury
	Albert Les	_		24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	William	sport V	Id-,	If so, specify
20. FILED July	26,1933	. C. Pic	Kard Registrar	(Signed) (Address) Allibians
0 1	) _ ′ ′			2411 N. Charles Street, Bulimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BEREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

	S	TATE OF	MAR'	YLAND-	CERTIFICATE OF DEATH 075	536
	1. PLACE OF DEA				820	
	County Washin	Military - Adress and the same and the same of the	LIMITS OF		Registration Dist. No.	02
	Village or City Ha	gerstown			No. 226 North Potomac St.,  f death occurred in a horpital or institution, give its NAME instead of street and	LL Wood
	Length of residance in ci			yrsmos	t death occurred in a horpital or institution, give its NAME instead of street and second second in U.S. if of foreign birth?rs	
	(a) Residence: No.	Alice E. 226 Nort	Thomps n Poton (Usual place)	ac	St., H Ward.  If nonresident give city or town and	d State
	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		n or race   5		RIED, WIDOWED, (write the word)	21. DATE OF DEATH  JULY 22  (Month) (Day)	, 19333
5a	. If married, widowed, or divo HUSBAND of (or) WIFE of	orcad			22. AI HEREBY CERTIFM, That I attended	
6	DATE OF BIRTH (month, da	v and veer) Aug	4.185	54	I tast saw har alive on July 22, 1933	death is said
3	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above at 10 Pn. M.	
	78	1.1	18	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNERHOUSEKEEPER. SAWYER, BOOKKEEPER, etc. Housekeeper.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.				Cerebral apoplery	7/22/3
00	10. Date deceased last won this occupation (mo year)		11. Total ti spen occu	ma (years) t in this pation	,	
12	BIRTHPLACE (city or town) (State or country) WA	shington	County	Md.	Other Contributory Causes of importanca:	
ER	13. NAME Unkn	nown			sion.	2
FATH	14. BIRTHPLACE (city or to	Downsvi Md. (Wash	ille nington	County)	Nama of operation Data of What tast confirmed diegnosis? Clanical Was there an	77.
ER	15. MAIDEN NAME	Unkno			23. If death was due to external causas (VIOLENCE) fill in also tha followin	
MOTHER	16. BIRTHPLACE (city or A (State or country)			County).	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17	INFORMANT Mrs. (Address) Hager	Fred Sour	ders.		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Pl	ite) LACE,
18	B. BURIAL, CREMATION, OR I		T 2	06	Manner of injury	
_	PlaceHagerst	own Md	Data . ILLY	, 24, 19.33	Nature of injury	
15	O. UNDERTAKER Fred H	W. Kraiss			24. Was disease or injury in any way related to occupation of deceased?	16
20	D. FILED 7/25-	1933 62	ref	Bower	(Signed) (Signed) M	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

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	Example II	
S Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
-39	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 \ July 5,1927	Date of onset  The principal eause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH  1. PLACE OF DEATH  County  Village or City  Village	ds.
County County No. 32 Potomac Fivest, 4  Village or City 100 Curred in a horpital or institution, give its NAME instead of street and numb  Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.  2. FULL NAME 50 C 42 SS 24	ds.
Village Dr City From City From the St. And St.	ds.
Length of residence in city or town where death occurred 15 yrs	ds.
2. FULL NAME John C. Yessley	3,
	,3.
a v = (a) Residence: No. 1032 Potomac Hie stand Ward	,3.
(Usual place of abode) If nonresident give city or town and State	33, (Year)
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  21. DATE OF DEATH	33. (Year)
OR DIVORCED (purite the word)	(Year)
Sa. If married, widowed, or divorced (Month) (Day)	
HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended dece	eased from
Z Z Z Mary E. June 1 1973, to July 1 f.	1922
m E E 2 6. DATE OF BIRTH (month, day, and year) - 4 2 - 1849   last saw beam alive on July 17 / 1977; de	eath is sald
7. AGE  Years  Months  Days  If LESS than  1 day, hrs.  or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	ata of onset
SAWYER, BOOKKEEPER, etc. SAWYER, Face Sawyer, Bookkeeper, etc.	
	May,
H X V SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spent in this).	227.65
Spelltill (IIIS)	
Z d G initial desired of importance.	
USAN STATE OF STATE O	
State of country)  13. NAME   13. NAME   14. BIRTHPLACE (city or town) / Y a y he s b or o  Name of operation  Date of	
Name of operation	
What test confirmed diagnosis? Was there an aulops  What test confirmed diagnosis? Was there an aulops  Was there an aulops  23. If death was due to external causes (VIOLENCE) fill in also the following:	sy?
Accident, suicide, or homicide?    16. BIRTHPLACE (city or town)   16. Date of injury   16. D	, 19
Consider whether in the Control of t	
(Address) Hageystown, md  18. Burial, Cremation, or removal.	
18. BURIAL, CREMATION, OR REMOVAL  Manner of injury	
Place Hade ex Stown. MyDate July 20, 1933 Manner of injury Nature of injury  19. UNDERTAKER H.K., Caxx man  24. Was disease or injury in any way related to occupation of deceased?	
24. Was disease or injury in any way related to occupation of deceased?	1
(Address) A great to which the specify (Signed)	
20. FILED / 19. 19.35 PMM/ Bower (Signed) (Signed) (Address) Segurity 20.	M. D.
D. Ho. If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07538
infor- state UPA-	1. PLACE OF DEATH	119
	County Salling Ou	Registration Dist. No.
tem of should of OCC	Village or City	NoSt.,Ward
· [m]	Length of residence in city of town where death occurred yrs	f death occurred in a hospital or institution, give its NAME instead of street and number)  How long in M.S. if of foreign birth?
CORD. Every item PHYSICIANS sho	2. FULL NAME DOMNA X 200, N	Hollod.
SICI ater	(a) Residence: No.	St., Ward.
ORD HYS t sta	(Usual place of abode)	If nonresident give city or town and State
RECO Fxact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T R.	3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
THE TAIL	5a. If married, widowed, or divorced HUSBAND of	(Menth) (Day) (Year) ,
BINDING FERMANEN EXACT y classified te.	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
ENE E	20193	There saw has alive an Greelle of 1930 death is said
B] PEI FI;	7. AGE Years Months Days If LESS than	to have occurred on the date streed above, at 230 7'm.
FOR B. IS A PE stated E properly certificate	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
W.65	8 Trade profession or particular	Date of onset
VED -THIS lid be ay be ck of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acuts sees into
VK-T) should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
INK-INK-It n	Date deceased last worked at 11. Total time (years)	
	this occupation (month and year) spent in this occupation	0.000
N A Cit	12. BIRTHPLACE (city or town) Aluce Och Sud	Other Coutributory Causes of importance:
RGIN NFADI plied. rms, so nstruct	(State or country)	7
NF NF oplic erm inst	# 13. NAME / THEOdor & / March	
MAR H UN suppl iin tern See in	13. NAME 100000 E 1000000 Tuesday State or country)	Name of operation Date of
世 台 音	(State of country)	What test confirmed diagnosis? Was there an autopsy?
INLY, WITJ be carefully EATH in pla	15. MAIDEN NAME TO OTHER S, TOOL 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
cal TH port	16. BIRTHPLACE (city er town) (State or gountry)	Accident, suicide, or homicide?
AINLY, d be cal	A Hooding That find	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	17. INFORMANT AND COCK CONTRACTOR	
FE PI Shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL . Ma 1/12	Manner of Injury
WRITE nation station station is	Place Miley Minys Date 193	Nature of injury
WRITH mation S CAUSE TION is	19. UNDERTAKER THE LEW CLUS	24. Was disease or injury in any way related to occupation of deceased?
R. B.	(Address) Jun Cock mi	If so, specify
N. X.	20. FILED. // 1 1933 Culture	(Signed) M. D
	Registrar.  If more blooks are needed address State Registrar.	(Address) Alle Cace of Alle

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